



11
DOCKET NO. 2004-1000
5-11-04
mll

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert Michael Chavez

Serial No.: 09/807,082

Filed: October 6, 1998

For: DIGITAL ELECTIONS NETWORK SYSTEM WITH ONLINE VOTING AND
POLLING

Art Unit: 3623

Examiner: Johnna R. Stimpak

Response to Office Communication

Honorable Commissioner of Patents and Trademarks
Washington, DC 20231

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Sir/Madam:

An office communication in the above reference patent application was received in response to applicant's amendment filed on 3/08/2004. The letter is in regards to an informality with respect to the fee payment. In applicant's response 52 additional claims were present for review which resulting in additional fees of \$898.00.

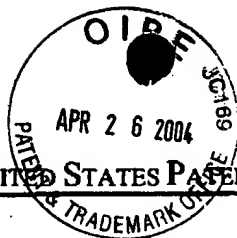
Applicant no longer wishes to present the additional claims filed with the amendment, but would still like to move forward with the original 34 claims as presented and addressed in the amendment file don 3/08/2004. As such, please find included a new amendment canceling claims 35-86.

Respectfully submitted,



MATTHEW T. WELKER
REGISTRATION NO. 53,756

Date: April 22, 2004
GRAFFITI PROMOTIONS, LLC
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UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/807,082	04/06/2001	Robert Michael Chavez		2293

37476 7590 03/22/2004
GRAFFITI PROMOTIONS, LLC
827 WINDSOR ROAD
ARNOLD, MD 21012

EXAMINER

STIMPAK, JOHNNA

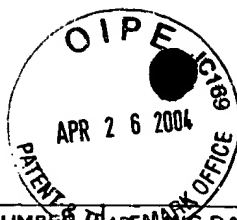
ART UNIT PAPER NUMBER

3623

DATE MAILED: 03/22/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

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Washington, D.C. 20231

SERIAL NUMBER	FILED DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

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EXAMINER	
ART UNIT	PAPER NUMBER

DATE MAILED:

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☐ the amendment filed 3/08/04 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ 898.00 is due for additional claims.
5. ☐

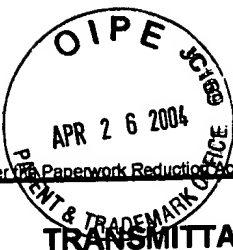
APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 898.00.

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

M. Jones
CLERK OF GROUP



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	091 807, 082	
	Filing Date	4-6-01	
	First Named Inventor	Chavez	
	Art Unit	3623	
	Examiner Name	Jim Park	
Total Number of Pages in This Submission	18	Attorney Docket Number	2004-1000

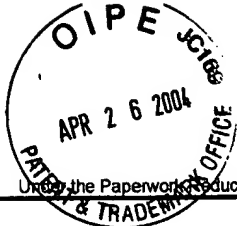
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	3 page Copy of Office Communication Cert. of Mailing 2 page Cover letter 12 page Amendment	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Matthew T. Walker	
Signature		
Date	4-22-04	

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CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Matthew T. Walker	
Signature		Date
		4-22-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Papers Submitted:

2 page Cover letter
12 page Amendment

3 page Copy of Office

1 page Transmittal Communication Form

on 22 April 2004
Date

Matthew T. Welker

Signature

Matthew T. Welker Reg. No. 53,756

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

APR 26 2004

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 =	14
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	500
X\$ 9=	
X40=	
+135=	
TOTAL	500

RATE	FEE
BASIC FEE	500
X\$18=	
X80=	
+270=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	86	Minus	34 = 52
	Independent	14	Minus	4 = 10
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	468
X40=	430
+135=	
TOTAL ADDIT. FEE	898

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

* If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20."

* If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "3."

* The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.